

CHAPTER 5 — EMPLOYEE'S INDIVIDUAL WRS ACCOUNT

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500 Creating a New Individual Account

In order to create an individual account or reactivate an inactive account, an enrollment must be completed for each eligible employee. Within ten days of when the employee becomes eligible, a *Wisconsin Retirement System Enrollment* (ET-2316) must be completed and submitted to ETF by the agent. Late enrollment may cause a benefit to be paid in error.

If you report electronically, a "060" transaction type may be submitted in lieu of the form (see Chapter 12 for electronic media reporting format). Either method of enrollment:

- Creates an employee (participant) account at ETF;
- Adds the employee to the employee's Annual Coverage Detail Report or pre-list (not produced for electronic media reporters);
- Validates eligibility for insurance enrollment requirements; and
- Reactivates an employee's existing WRS account when rehired or reinstated.

ETF encourages employers to automate WRS enrollment along with other WRS reporting transactions. If you are interested in obtaining more information, contact our office at (608) 266-0728.

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The numbered descriptions on the chart below correspond to the numbers on the sample form in Subchapter 501. Complete the WRS Enrollment (ET-2316) using the following instructions:

REMINDERS WHEN COMPLETING WISCONSIN RETIREMENT SYSTEM ENROLLMENT FORM		
ITEM NAME		
1. REPORT DATE (MM/DD/CCYY)		Enter the date you added this transaction to your payroll system.
2. SOCIAL SECURITY NUMBER		Obtain Social Security number directly from employee's Social Security card to be sure it is correct. Attach a copy of the Social Security card if available. The Social Security number becomes the employee account number for ETF. Accuracy is extremely important. Maintain a copy for your records because we may need it for future verification.
3. EMPLOYEE NAME		Use the complete name as it appears on the Social Security card or birth certificate. Enter last name, first name, and middle initial sequence.
4. ADDRESS		Enter employee's complete permanent home address.
5. SEX		Check correct box.
6. BIRTHDATE (MM/DD/CCYY)		Enter the date as it appears on the birth certificate. Accuracy is essential since the birthdate is used for benefit entitlement calculations. If this date is reported inaccurately the member may encounter difficulty at the time of application for a benefit. Enter a two-digit month and day and a four-digit year using the century and year.
7. EMPLOYER NAME		If the employer is the State of Wisconsin, enter SOW and name of the agency (department). Other employers are to enter the name exactly as printed on their <i>WRS Monthly Remittance Reports</i> (ET-1515).
8. STATEMENT OF BENEFITS DISTRIBUTION CODE		Use of this code is optional. An eight-digit numeric code is available to be used to sort Statement of Benefits into desired units, departments, etc. Less than eight digits may be indicated.
9. ETF EMPLOYER ID NUMBER		Enter the employer identification number for Social Security reporting. All numbers are seven-digits and begin with 69-036-.
10. DATE WRS PARTICIPATING EMPLOYMENT BEGAN WITH THIS EMPLOYER		Enter the date (MM/DD/CCYY) WRS eligible employment began with this employer. For most employees this will be the first day worked. See Chapter 3 WRS manual for determining eligibility. If reemployed or employment is restored, it is the date associated with this activity.
11. DATE OF HIRE		Enter date employee started working with the employer. It may be the same or different from the WRS participation date.
12. IS EMPLOYEE RECEIVING AN ANNUITY FROM THE WRS?		If yes, refer to Chapter 15 of this manual.
13. EMPLOYMENT CATEGORY		Determine the appropriate Employment Category from the various categories listed in Subchapter 307.
14. DATE, SIGNATURE AND TITLE OF AGENT AND TELEPHONE NO.		Only the agent or alternate agent is authorized to sign this form. When signing this form, the agent is certifying that the information regarding this employee is correct (see Subchapter 202).

501 Sample Wisconsin Retirement System Enrollment (ET-2316)

Department of Employee Trust Funds
P.O. Box 7931
Madison, WI 53707-7931

WISCONSIN RETIREMENT SYSTEM ENROLLMENT

Wis. Stat. § 40.22

PLEASE TYPE OR PRINT IN INK

Please refer to Chapter 5 of the *WRS Administration Manual* for instructions on completing this form.

Employee Name (Last, First, Middle) 3		Report Date (MM/DD/CCYY) 1	
		Social Security Number 2	
Address (Street, City, State, Zip) 4		Sex 5 <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate (MM/DD/CCYY) 6
		Employer Name (if State of Wisconsin, include department) 7	
ETF Employer ID No. 9 69-036-		Date WRS Participating Employment Began With This Employer 10 (MM/DD/CCYY) 11 ____/____/____	
Is employee receiving an annuity from the WRS? <input type="checkbox"/> NO <input type="checkbox"/> YES		Statements of Benefits Distribution Code 8	
If yes, do not complete this form. Instead, refer to Chapter 15 of the <i>WRS Administration Manual</i> and form ET-2319.		Date of Hire (MM/DD/CCYY) 12	

EMPLOYMENT CATEGORY

- 13
- ☐ 00 General Employee
 - ☐ 01 Court Reporter
 - ☐ 02 State Executive Retirement Plan [Wis. Stat. § 20.923 (4), (8), or (9)]
 - ☐ 03 Protective Occupation Under Social Security
 - ☐ 04 Protective Occupation Not Under Social Security
 - ☐ 05 Supreme Court Justice
 - ☐ 06 Legislator or State Constitutional Officer
 - ☐ 07 Court of Appeals Judge
 - ☐ 08 Circuit Judge
 - ☐ 09 Elected Official or Appointed to Fill an Elected Office
 - ☐ 10 Teacher
 - ☐ 11 Executive Teacher (State Agencies Only)
 - ☐ 12 Educational Support Personnel

AGENT MUST SIGN HERE	I hereby certify the named is an employee of this participating employer normally performing at least 600 hours of work in a year (or 1/3 of full-time if a teacher which is at least 440 hours per ETF 20.015) and is otherwise eligible as an "employee" pursuant to Wis. Stat. § 40.02 (26). I understand that Wis. Stat. § 943.395 provides criminal penalties for knowingly making false or fraudulent claims on this form and hereby certify that, to the best of my knowledge and belief, the above information is true and correct. I certify that I am responsible for reporting coverage information to the Wisconsin Retirement System.		
	Date (MM/DD/CCYY)	Signature & Title of Agent 14	Telephone No.

502 Correcting or Changing Information Submitted on the Enrollment Form

When an employee is enrolled in WRS, the information submitted on the form ET-2316 becomes part of the individual's WRS account. If it is necessary to correct or change the information, the *Employee Identification Correction/Change* form (ET-2810) must be submitted.

There are eight types of account corrections for which the form ET-2810 must be utilized:

- P030 Social Security Number*
- P031 Name
- P032 Birthdate*
- P033 Employment Begin Date
- P034 Statement of Benefits Distribution Code
- P035 ETF Employer Identification Number (EIN)
- P036 Sex
- P063 Employment Category

Instructions for completing the form, to make each of these eight types of corrections, are provided later in this Chapter. On the following page is a copy of the form ET-2810. Please note that the boxed numbers on the sample form correspond to the numbers on the list below of required fields to be completed for each individual type of correction.

Employee Identification Correction/Change (ET-2810) - Field Requirements								
Fields:	Account Correction Codes							
R = Required	P030	P031	P032	P033	P034	P035	P036	P063
1. Report Date	R	R	R	R	R	R	R	R
2. Social Security Number Correct	R	R	R	R	R	R	R	R
3. Social Security Number Incorrect	R							
4. Employee Name (Last, First, Middle)	R	R	R	R	R	R	R	R
5. Sex	R	R	R	R	R	R	R	R
6. Former Name		R						
7. Address								
8. Birthdate (Correct)	R	R	R	R	R	R	R	R
9. Employment Begin Date				R				R
10. SOB Code					R			
11. ETF Employer No. (Incorrect)						R		
12. ETF Employer No. (Correct)	R	R	R	R	R	R	R	R
13. Employer Name								
14. Employment Category (Incorrect)								R
15. Employment Category (Correct)	R	R	R	R	R	R	R	R
16. Account Correction (Check Box)	R	R	R	R	R	R	R	R
17. Signature & Title of Agent/Date	R	R	R	R	R	R	R	R

* Verification Required.

503 Sample Employee Identification Correction/Change (ET-2810)

Department of Employee Trust Funds
Wisconsin Retirement System
801 W. Badger Rd. — P.O. Box 7931
Madison, WI 53707-7931

EMPLOYEE IDENTIFICATION CORRECTION/CHANGE

Wis. Stat. § 40.03 and 40.07

See reverse side for field requirements for each type of account correction.

PLEASE TYPE OR PRINT IN INK

Please refer to Chapter 5 of the WRS Employer Manual (ET-1127) for instructions on completing this form.

<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Report Date (MM/DD/CCYY) <div style="border: 1px solid black; width: 40px; text-align: center; margin: 0 auto;">1</div></div>		Correct Social Security Number <div style="border: 1px solid black; width: 40px; text-align: center; margin: 0 auto;">2</div>
		Incorrect Social Security Number (Submit a Copy of SS Card) <div style="border: 1px solid black; width: 40px; text-align: center; margin: 0 auto;">3</div>
Employee Name (Last, First, Middle) <div style="border: 1px solid black; width: 100px; text-align: center; margin: 0 auto;">4</div>		Sex <input type="checkbox"/> Male <div style="border: 1px solid black; width: 30px; text-align: center; margin: 0 auto;">5</div> <input type="checkbox"/> Female
Address (Street, City, State, Zip, Foreign Country & Mail Code — if not USA) <div style="border: 1px solid black; width: 100px; text-align: center; margin: 0 auto;">7</div>		Former Name (Birth/Married) <div style="border: 1px solid black; width: 40px; text-align: center; margin: 0 auto;">6</div>
Date Participating Employment Began With This Employer (MM/DD/CCYY) <div style="border: 1px solid black; width: 40px; text-align: center; margin: 0 auto;">9</div>		Birthdate (MM/DD/CCYY) (Submit a copy of Birth Certificate) <div style="border: 1px solid black; width: 40px; text-align: center; margin: 0 auto;">8</div>
Statement of Benefits Distribution Code <div style="border: 1px solid black; width: 40px; text-align: center; margin: 0 auto;">10</div>		Incorrect ETF Employer Identification Number 69-036- <div style="border: 1px solid black; width: 40px; text-align: center; margin: 0 auto;">11</div>
Correct ETF Employer Identification Number 69-036- <div style="border: 1px solid black; width: 40px; text-align: center; margin: 0 auto;">12</div>		Employer Name (if State of Wisconsin, include department) <div style="border: 1px solid black; width: 100px; text-align: center; margin: 0 auto;">13</div>
Incorrect Employment Category <div style="border: 1px solid black; width: 40px; text-align: center; margin: 0 auto;">14</div>		Correct Employment Category <div style="border: 1px solid black; width: 40px; text-align: center; margin: 0 auto;">15</div>
<div style="display: flex; justify-content: space-between;"><div style="width: 50%;"><p>ACCOUNT CORRECTION (See descriptions on other side.) <div style="border: 1px solid black; width: 30px; text-align: center; margin: 0 auto;">16</div></p><ul style="list-style-type: none"><input type="checkbox"/> P030 Social Security Number (Identification required)<input type="checkbox"/> P031 Name<input type="checkbox"/> P032 Birthdate (Identification required)<input type="checkbox"/> P033 Employment Begin Date<input type="checkbox"/> P034 Statement of Benefits Distribution Code<input type="checkbox"/> P035 ETF Employer Number<input type="checkbox"/> P036 Sex<input type="checkbox"/> P063 Employment Category</div><div style="width: 45%; border-left: 1px solid black; padding-left: 10px;"><p style="text-align: center; margin-top: 0;">FOR ETF USE ONLY</p><p><input type="checkbox"/> P039 Coverage Begin Date _____</p><p><input type="checkbox"/> P041 Verification (Only check this box to change verification code) ____ SS No. Verified ____ DOB Verified</p></div></div>		
<div style="display: flex; justify-content: space-between;"><div style="width: 25%; text-align: center;"><p>AGENT MUST SIGN HERE</p><div style="font-size: 2em; margin-top: 10px;">➔</div></div><div style="width: 70%;"><p>I understand that Wis. Stat. § 943.395 provides criminal penalties for knowingly making false or fraudulent claims on this form and hereby certify that, to the best of my knowledge and belief, the above information is true and correct. I certify that I am responsible for reporting coverage information to the Wisconsin Retirement System.</p><div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 30%;">Date Signed (MM/DD/CCYY)</div><div style="width: 65%;">Signature and Title of Agent <div style="border: 1px solid black; width: 40px; text-align: center; margin: 0 auto;">17</div></div></div></div></div>		

(Over)

504 Social Security Number Correction

The employee Social Security number is a very important form of identification. The Social Security number is used by ETF as the major identifier for each participant record. Make sure it is correct on all forms. Use the Employee Identification Correction/Change (ET-2810) to correct Social Security numbers incorrectly submitted on WRS enrollment forms.

Under federal regulations individuals requested to furnish their Social Security numbers are to be informed that disclosure of such number is required under policies established pursuant to the authority of Wis. Stat. § 40.03 (2) (h). The number is used to maintain a record of contributions and other data needed for providing retirement benefits as well as for required reports to the Federal Internal Revenue Service.

If an incorrect Social Security number has been reported, complete the ET-2810 with the following items (the numbers below correspond to the numbers on the sample shown in 503) and attach a copy of the employee's Social Security card:

ITEM NAME		REMINDERS WHEN COMPLETING EMPLOYEE IDENTIFICATION CORRECTION/CHANGE FORM
1.	REPORT DATE (MM/DD/CCYY)	Enter the date you added this transaction to your payroll system, or the date you submit this form to ETF. Enter a two-digit month and day and a four-digit year using the century and year.
2.	CORRECT SOCIAL SECURITY NUMBER	Obtain Social Security number directly from employee's Social Security card to avoid errors. Attach a copy of the employee's correct Social Security card. ETF cannot make the correction without the card.
3.	INCORRECT SOCIAL SECURITY NUMBER	Enter the INCORRECT Social Security number as reported to ETF.
4.	EMPLOYEE NAME	Use the complete name as it appears on the Social Security card. Enter last name, first name, and middle initial sequence.
5.	SEX	Check box of employee's correct sex.
8.	BIRTHDATE (MM/DD/CCYY)	Enter the date as it appears on the birth certificate. Enter a two-digit month and day and a four-digit year using the century and year.
12.	CORRECT ETF EMPLOYER NUMBER	The employer number used for Social Security reporting. All numbers are seven-digits and begin with 69-036-.
15.	CORRECT EMPLOYMENT CATEGORY	This is the two-digit code under which you are currently reporting the employee.
16.	ACCOUNT CORRECTION	Check box P030 — SOCIAL SECURITY NUMBER.
17.	SIGNATURE AND TITLE OF AGENT AND DATE	Only the agent or alternate agent is authorized to sign this form. When signing this form, the agent is certifying that the information regarding this employee is correct.

505 Name Change

It is very important that the WRS records always carry the correct and latest legal name of the participant. The *Employee Identification Correction/Change* (ET-2810) is the *only* method available for correcting a name. To make a name change, complete the ET-2810 with the following items (the numbers below correspond to the numbers on the sample shown in 503):

REMINDERS WHEN COMPLETING EMPLOYEE IDENTIFICATION CORRECTION/CHANGE FORM		
ITEM NAME		
1. REPORT DATE (MM/DD/CCYY)		Enter the date you added this transaction to your payroll system, or the date you submit this form to ETF. Enter a two-digit month and day and a four-digit year using the century and year.
2. CORRECT SOCIAL SECURITY NUMBER		Obtain Social Security number directly from employee's Social Security card to avoid errors.
4. EMPLOYEE NAME		Use the complete name as it appears on the Social Security card. Enter last name, first name, and middle initial sequence.
5. SEX		Check box of employee's correct sex.
6. FORMER NAME (BIRTH/MARRIED)		Include former name.
8. BIRTHDATE (MM/DD/CCYY)		Enter the date as it appears on the birth certificate. Enter a two-digit month and day and a four-digit year using the century and year. (Accuracy is essential; the birthdate is used for benefit entitlement calculations.)
12. CORRECT ETF EMPLOYER NUMBER		Enter the employer number used for Social Security reporting. All numbers are seven-digits and begin with 69-036-.
15. CORRECT EMPLOYMENT CATEGORY		This is the two-digit code under which you are currently reporting the employee.
16. ACCOUNT CORRECTION		Check box P031 – NAME.
17. SIGNATURE AND TITLE OF AGENT AND DATE		Only the agent or alternate agent is authorized to sign this form. When signing this form, the agent is certifying that the information regarding this employee is correct.

506 Birthdate Correction

The birthdate is crucial in computing benefits and is used by ETF as the second identifier (in addition to Social Security number) to further identify a participant's record. To correct a date of birth complete the ET-2810 with the following items (the numbers below correspond to the numbers on the sample shown in 503) and attach a copy of the employee's birth certificate.

REMINDERS WHEN COMPLETING EMPLOYEE IDENTIFICATION CORRECTION/CHANGE FORM		
ITEM NAME		
1. REPORT DATE (MM/DD/CCYY)		Enter the date you added this transaction to your payroll system, or the date you submit this form to ETF. Enter a two-digit month and day and a four-digit year using the century and year.
2. CORRECT SOCIAL SECURITY NUMBER		Obtain Social Security number directly from employee's Social Security card to avoid errors.
4. EMPLOYEE NAME		Use the complete name as it appears on the Social Security card. Enter last name, first name, and middle initial sequence.
5. SEX		Check box of employee's correct sex.
8. BIRTHDATE (MM/DD/CCYY)		Enter the date as it appears on the birth certificate. Enter a two-digit month and day and a four-digit year using the century and year. (Accuracy is essential; the birthdate is used for benefit entitlement calculations.)
12. CORRECT ETF EMPLOYER NUMBER		Enter the employer number used for Social Security reporting. All numbers are seven-digits and begin with 69-036-.
15. CORRECT EMPLOYMENT CATEGORY		This is the two-digit code under which you are currently reporting the employee.
16. ACCOUNT CORRECTION		Check box P032 - BIRTHDATE.
17. SIGNATURE AND TITLE OF AGENT AND DATE		Only the agent or alternate agent is authorized to sign this form. When signing this form, the agent is certifying that the information regarding this employee is correct.

507 Employment Begin Date Change

Complete the ET-2810 with the following items (the numbers below correspond to the numbers on the sample shown in 503) and attach an explanation of the reason for change:

ITEM NAME		REMINDERS WHEN COMPLETING EMPLOYEE IDENTIFICATION CORRECTION/CHANGE FORM
1.	REPORT DATE (MM/DD/CCYY)	Enter the date you added this transaction to your payroll system, or the date you submit this form to ETF. Enter a two-digit month and day and a four-digit year using the century and year.
2.	CORRECT SOCIAL SECURITY NUMBER	Obtain Social Security number directly from employee's Social Security card to avoid errors.
4.	EMPLOYEE NAME	Use the complete name as it appears on the Social Security card. Enter last name, first name, and middle initial sequence.
5.	SEX	Check box of employee's correct sex.
8.	BIRTHDATE (MM/DD/CCYY)	Enter the date as it appears on the birth certificate. Enter a two-digit month and day and a four-digit year using the century and year. (Accuracy is essential; the birthdate is used for benefit entitlement calculations.)
9.	DATE PARTICIPATING EMPLOYMENT BEGAN WITH THIS EMPLOYER (MM/DD/CCYY)	Enter the corrected participation begin date and include explanation of reason for change. Enter a two-digit month and day and a four-digit year using the century and year.
12.	CORRECT ETF EMPLOYER NUMBER	Enter the employer number used for Social Security reporting. All numbers are seven-digits and begin with 69-036-.
15.	CORRECT EMPLOYMENT CATEGORY	This is the two-digit code under which you are currently reporting the employee.
16.	ACCOUNT CORRECTION	Check box P033 - EMPLOYMENT BEGIN DATE.
17.	SIGNATURE AND TITLE OF AGENT AND DATE	Only the agent or alternate agent is authorized to sign this form. When signing this form, the agent is certifying that the information regarding this employee is correct.

508 Statement of Benefits Distribution Code Change

Complete the ET-2810 with the following items (the numbers below correspond to the numbers on the sample shown in 503):

ITEM NAME		REMINDERS WHEN COMPLETING EMPLOYEE IDENTIFICATION CORRECTION/CHANGE FORM
1.	REPORT DATE (MM/DD/CCYY)	Enter the date you added this transaction to your payroll system, or the date you submit this form to ETF. Enter a two-digit month and day and a four-digit year using the century and year.
2.	CORRECT SOCIAL SECURITY NUMBER	Obtain Social Security number directly from employee's Social Security card to avoid errors.
4.	EMPLOYEE NAME	Use the complete name as it appears on the Social Security card. Enter last name, first name, and middle initial sequence.
5.	SEX	Check box of employee's correct sex.
8.	BIRTHDATE (MM/DD/CCYY)	Enter the date as it appears on the birth certificate. Enter a two-digit month and day and a four-digit year using the century and year. (Accuracy is essential; the birthdate is used for benefit entitlement calculations.)
10.	STATEMENT OF BENEFITS DISTRIBUTION CODE	Enter the correct code. The code may be up to eight characters and can be alpha and/or numeric.
12.	CORRECT ETF EMPLOYER NUMBER	Enter the employer number used for Social Security reporting. All numbers are seven-digits and begin with 69-036-.
15.	CORRECT EMPLOYMENT CATEGORY	This is the two-digit code under which you are currently reporting the employee.
16.	ACCOUNT CORRECTION	Check box P034 - STATEMENT OF BENEFITS DISTRIBUTION CODE.
17.	SIGNATURE AND TITLE OF AGENT AND DATE	Only the agent or alternate agent is authorized to sign this form. When signing this form, the agent is certifying that the information regarding this employee is correct.

509 ETF Employer Identification Number Correction

Complete the ET-2810 with the following items (the numbers below correspond to the numbers on the sample shown in 503):

ITEM NAME		REMINDERS WHEN COMPLETING EMPLOYEE IDENTIFICATION CORRECTION/CHANGE FORM
1.	REPORT DATE (MM/DD/CCYY)	Enter the date you added this transaction to your payroll system, or the date you submit this form to ETF. Enter a two-digit month and day and a four-digit year using the century and year.
2.	CORRECT SOCIAL SECURITY NUMBER	Obtain Social Security number directly from employee's Social Security card to avoid errors.
4.	EMPLOYEE NAME	Use the complete name as it appears on the Social Security card. Enter last name, first name, and middle initial sequence.
5.	SEX	Check box of employee's correct sex.
8.	BIRTHDATE (MM/DD/CCYY)	Enter the date as it appears on the birth certificate. Enter a two-digit month and day and a four-digit year using the century and year. (Accuracy is essential; the birthdate is used for benefit entitlement calculations.)
11.	INCORRECT ETF EMPLOYER NUMBER	Enter the INCORRECT ETF employer number as reported to ETF. This should be a seven-digit number.
12.	CORRECT ETF EMPLOYER NUMBER	Enter the employer number used for Social Security reporting. All numbers are seven-digits and begin with 69-036-.
15.	CORRECT EMPLOYMENT CATEGORY	This is the two-digit code under which you are currently reporting the employee.
16.	ACCOUNT CORRECTION	Check box P035 - ETF EMPLOYER NUMBER.
17.	SIGNATURE AND TITLE OF AGENT AND DATE	Only the agent or alternate agent is authorized to sign this form. When signing this form, the agent is certifying that the information regarding this employee is correct.

510 Sex Indicator Correction

Complete the ET-2810 with the following items (the numbers below correspond to the numbers on the sample shown in 503):

REMINDERS WHEN COMPLETING EMPLOYEE IDENTIFICATION CORRECTION/CHANGE FORM	
ITEM NAME	
1. REPORT DATE (MM/DD/CCYY)	Enter the date you added this transaction to your payroll system, or the date you submit this form to ETF. Enter a two-digit month and day and a four-digit year using the century and year.
2. CORRECT SOCIAL SECURITY NUMBER	Obtain Social Security number directly from employee's Social Security card to avoid errors.
4. EMPLOYEE NAME	Use the complete name as it appears on the Social Security card. Enter last name, first name, and middle initial sequence.
5. SEX	Check box of employee's correct sex.
8. BIRTHDATE (MM/DD/CCYY)	Enter the date as it appears on the birth certificate. Enter a two-digit month and day and a four-digit year using the century and year. (Accuracy is essential; the birthdate is used for benefit entitlement calculations.)
12. CORRECT ETF EMPLOYER NUMBER	Enter the employer number used for Social Security reporting. All numbers are seven-digits and begin with 69-036-.
15. CORRECT EMPLOYMENT CATEGORY	This is the two-digit code under which you are currently reporting the employee.
16. ACCOUNT CORRECTION	Check box P036 - SEX.
17. SIGNATURE AND TITLE OF AGENT AND DATE	Only the agent or alternate agent is authorized to sign this form. When signing this form, the agent is certifying that the information regarding this employee is correct.

511 Employment Category Correction

This correction can be used only if the wrong employment category was indicated on the *WRS Enrollment* form, ET-2316, submitted to ETF. [This form is not used to change an employee from one employment category to another due to a change in job duties. Also, this form is not used if earnings and hours have already been reported. If so, use Category Change Action Code 28 on an *Employee Transaction Report* (ET-2533). See Chapter 10 on prior year corrections.] To correct the employment category, complete the ET-2810 with the following items (the numbers below correspond to the numbers on the sample shown in 503):

ITEM NAME	REMINDERS WHEN COMPLETING EMPLOYEE IDENTIFICATION CORRECTION/CHANGE FORM
1. REPORT DATE (MM/DD/CCYY)	Enter the date you added this transaction to your payroll system, or the date you submit this form to ETF. Enter a two-digit month and day and a four-digit year using the century and year.
2. CORRECT SOCIAL SECURITY NUMBER	Obtain Social Security number directly from employee's Social Security card to avoid errors.
4. EMPLOYEE NAME	Use the complete name as it appears on the Social Security card. Enter last name, first name, and middle initial sequence.
5. SEX	Check box of employee's correct sex.
8. BIRTHDATE (MM/DD/CCYY)	Enter the date as it appears on the birth certificate. Enter a two-digit month and day and a four-digit year using the century and year. (Accuracy is essential; the birthdate is used for benefit entitlement calculations.)
9. DATE PARTICIPATING EMPLOYMENT BEGAN WITH THIS EMPLOYER (MM/DD/CCYY)	Enter the same date that was previously used to report the employee when the incorrect employment category was used. Enter a two-digit month and day and a four-digit year using the century and year.
12. CORRECT ETF EMPLOYER NUMBER	Enter the employer number used for Social Security reporting. All numbers are seven-digits and begin with 69-036-.
14. INCORRECT EMPLOYMENT CATEGORY	Enter the <u>incorrect</u> two-digit employment category code that was previously reported.
15. CORRECT EMPLOYMENT CATEGORY	Enter the CORRECT two-digit employment category code.
16. ACCOUNT CORRECTION	Check box P063 - EMPLOYMENT CATEGORY.
17. SIGNATURE AND TITLE OF AGENT AND DATE	Only the agent or alternate agent is authorized to sign this form. When signing this form, the agent is certifying that the information regarding this employee is correct.